

(1) PLACE OF BIRTH

County of WilliamsdaleTownship of 1-1or
Inc. Town of 1-1or
City of 1-1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 31431
For State Registrar OnlyRegistration District No. 4600 Registered No. 129
(For use of Local Registrar)(No. 129 St. 129 Ward 129)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Edna Wright If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Type or Triple? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 27, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adrian Wright(9) PRESENT POSTOFFICE OF FATHER Williamsdale(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Freeman(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME OF MOTHER Edna Wright(15) PRESENT POSTOFFICE OF MOTHER Williamsdale & Co.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Laundry(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 P. M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) Homer J. Foster (23) Address of Physician or Midwife Williamsdale & Co.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Williamsdale & Co.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Nov 30, 1923 (28) J. H. Boyd, M.D. Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.